

PUBLIC HEALTH DEPARTMENT[641]

Notice of Intended Action

Proposing rule making related to local public health services and providing an opportunity for public comment

The Public Health Department hereby proposes to amend Chapter 80, “Local Public Health Services,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 135.11.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 135.11.

Purpose and Summary

The proposed amendments clarify, using simpler language, the definitions for “core public health functions” and “essential public health services,” change the narrowly defined education requirements to the broader category of “health-related field” and make technical changes to clearly ensure the grandfathering of people who already provide services under this chapter.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to the Department’s variance and waiver provisions contained in 641—Chapter 178.

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on April 16, 2019. Comments should be directed to:

Jill Lange
Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Email: jill.lange@idph.iowa.gov

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental

subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend rule **641—80.2(135)**, definitions of “Core public health functions” and “Essential public health services,” as follows:

“*Core public health functions*” means the functions of assessment, policy development, and assurance:

1. Assessment means regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets in a community.
2. Policy development means ~~development~~ formulation, implementation, and evaluation of plans and policies, for public health in general and priority health needs in particular, in a manner that incorporates scientific information and community values in accordance with state public health policy.
3. Assurance means ~~ensuring, by encouragement, regulation, or direct action,~~ that programs and interventions which maintain and improve health are carried out by encouragement, regulation or direct action.

“*Essential public health services*” means activities carried out by the authorized agency fulfilling core public health functions. Essential public health services include:

1. Monitoring health status to identify and solve community health problems.
2. ~~Diagnosing~~ Identifying and investigating health problems and health hazards in the community.
3. Informing, educating and empowering people about health issues.
4. Mobilizing community partnerships and action to identify and solve health problems.
5. Developing policies and plans that support individual and community health efforts.
6. Enforcing laws and regulations that protect health and ensure safety.
7. Linking people to needed health services and assuring the provision of health care when otherwise unavailable.
8. ~~Assuring~~ Recruiting and maintaining a competent public health and personal health care workforce.
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
10. Researching for new insights and innovative solutions to health problems.

ITEM 2. Amend subrules 80.3(4) to 80.3(6) as follows:

80.3(4) *Coordination of public health services.*

a. The authorized agency is responsible for determining the ability of a job applicant to meet the requirements outlined in the job description. At a minimum, individuals responsible for coordinating public health services shall meet one of the following criteria:

- (1) Be a registered nurse (RN) who is licensed to practice nursing in the state of Iowa and who has a recommended minimum of two years of related public health experience; or
- (2) Possess a bachelor's degree or higher in ~~public health, health administration, nursing, health and human services,~~ a health-related field or other applicable field from an accredited college or university; or
- (3) Be an individual with two years of related public health experience.

b. Individuals who are responsible for the coordination of public health services on or before ~~June 30, 2015~~ January 1, 2019, are exempt from the criteria in paragraph 80.3(4) "a."

80.3(5) *Coordination of home care aide services.*

a. The authorized agency is responsible for determining the ability of a job applicant to meet the requirements outlined in the job description. At a minimum, individuals performing coordination of home care aide services shall meet one of the following criteria:

- (1) Be a registered nurse (RN) licensed to practice nursing in the state of Iowa; or
- (2) Possess a bachelor's degree or higher in ~~public health, health administration, nursing, health and human services,~~ a health-related field or other applicable field from an accredited college or university; or

(3) Be a licensed practical nurse (LPN) licensed to practice nursing in the state of Iowa; or

(4) Be an individual with two years of related public health experience.

b. Individuals who are responsible for the coordination of home care aide services on or before ~~June 30, 2015~~ January 1, 2019, are exempt from the criteria in paragraph 80.3(5) "a."

80.3(6) *Home care aide services.*

a. The authorized agency shall ensure that each individual assigned to perform home care aide services meets one of the following:

(1) Be an individual who has completed orientation to home care in accordance with agency policy. At a minimum, orientation shall include four hours on the role of the home care aide; two hours on communication; two hours on understanding basic human needs; two hours on maintaining a healthy environment; two hours on infection control in the home; and one hour on emergency procedures. The individual shall have successfully passed an agency written test and demonstrated the ability to perform skills for the assigned tasks; or

(2) Be an individual who possesses a license to practice nursing as an LPN or RN in the state of Iowa.

b. Individuals who were hired under the requirements of Chapter 80 on or before ~~May 16, 2018~~ January 1, 2019, are exempt from the criteria in ~~paragraph~~ paragraphs 80.3(5) "a" and 80.3(6) "a."

c. The authorized agency shall ensure that services or tasks assigned are appropriate to the individual's prior education and training.

d. The authorized agency shall ensure documentation of each home care aide's completion of at least 12 hours of annual in-service (prorated to employment).

e. The authorized agency shall establish policies for supervision of home care aides.

f. The authorized agency shall maintain records for each consumer. The records shall include:

- (1) An initial assessment;
- (2) A plan of care;
- (3) Assignment of home care aide;
- (4) Assignment of tasks;
- (5) Reassessment;
- (6) An update of the plan of care;
- (7) Home care aide documentation; and
- (8) Documentation of supervision of home care aides.